



श्री आर्य समाज
Bank of Baroda



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

| PARTICULARS | EMPLOYEE DETAILS |
|---------------------------------|---|
| NAME | MR. SAINI KAMAL KUMAR |
| EC NO. | 198812 |
| DESIGNATION | SENIOR CUSTOMER SERVICE ASSOCIATE (CASH) |
| PLACE OF WORK | SIPORE |
| BIRTHDATE | 15-03-1995 |
| PROPOSED DATE OF HEALTH CHECKUP | 27-07-2024 |
| BOOKING REFERENCE NO. | 24S198812100108808E |

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421, Gujarat, India
Phone: 079-29750750, +91-7575006000 / 9000
Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



aashka
H O S P I T A L

DR. TAPAS RAVAL
MBBS . D.O
(FELLOW IN PHACO & MEDICAL
RATINA)
REG.NO.G-21350

| | | |
|--|--------------------------|---------------------|
| UHID: | Date: 27/7/24 | Time: |
| Patient Name: OSP 34358 Rajmud kumar | Age / Sex: 29 / M | Height: 184. |
| | | Weight: 87.4 |
| History: C/O Ratna chaur | | |

Eye examination:

| | RIGHT | | | LEFT | | |
|---|-------|---|---|------|---|---|
| | S | C | A | S | C | A |
| D | | | | | | |
| N | | | | | | |

Other Advice:



Follow-up:

Consultant's Sign:

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CIN: L85110GJ2012PLC072647

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Doctor Name:- s/b Dr. shreya ceestk)

| | | |
|-----------------------------------|---------------------------------|----------------------|
| UHID: OSP 34368 | Date: 27/7/24 | Time: 4:00 pm |
| Patient Name: Kamal Daini. | Age/Sex: 19 years / male | Height: 154 |
| Chief Complain: | Weight: 67.7 kg | |
| Pt come here for health check up. | | |
| History: | Not known co-morbidities | |

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H O S P I T A L



DR. SEJAL J AMIN
B.D.S, M.D.S (PERIODONTIST)
IMPLANTOLOGIST
REG NO: A-12942

| | | |
|------------------------------------|--------------------------|-----------------------|
| UHID: OSP34368 | Date: 27/7/24 | Time: 15:25 |
| Patient Name: Karmal Desani | Age / Sex: 29 / M | Height: 184 cm |
| | Weight: 87.7 kg | 120 |
| Chief Complain: | Food lodgement | |
| History: | | |

Other Advice:

Deep Sealing

Excavation not

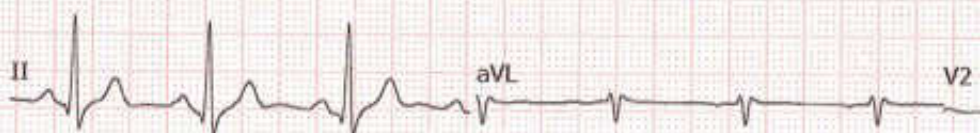


Follow-up:

Consultant's Sign:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

| | | |
|---------------|----------------------|---------------------|
| QRS : | 96 ms | Normal sinus rhythm |
| QT / QTcBaz : | 350 / 413 ms | Normal ECG |
| PR : | 162 ms | |
| P : | 110 ms | |
| RR / PP : | 710 / 714 ms | |
| P / QRS / T : | 74 / 77 / 60 degrees | |



PATIENT NAME: KAMAL KUMAR SAINI

GENDER/AGE: Male / 29 Years

DATE: 27/07/24

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP34368

2D-ECHO

MITRAL VALVE : MILD MVP
AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL
AORTA : 34mm
LEFT ATRIUM : 34mm
LV Dd / Ds : 48/31mm EF 65%
IVS / LVPW / D : 11/10mm
IVS : INTACT
IAS : INTACT
RA : NORMAL
RV : NORMAL
PA : NORMAL
PERICARDIUM : NORMAL
VEL : PEAK MEAN
M/S : Gradient mm Hg Gradient mm Hg
MITRAL : 1/0.8m/s
AORTIC : 1.4m/s
PULMONARY : 0.9m/s
COLOUR DOPPLER : MILD MR/TR
RVSP : 26mmHg
CONCLUSION : NORMAL LV SIZE / SYSTOLIC FUNCTION.


CARDIOLOGIST

DR. HASIT JOSHI (9825012235)

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PATIENT NAME: KAMAL KUMAR SAINI

GENDER/AGE: Male / 29 Years

DOCTOR:

OPDNO: OSP34368

DATE: 27/07/24

X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.
No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.
Both hilar shadows and C.P. angles are normal.
Heart shadow appears normal in size. Aorta appears normal.
Bony thorax and both domes of diaphragm appear normal.
No evidence of cervical rib is seen on either side.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

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H O S P I T A L



PATIENT NAME: KAMAL KUMAR SAINI

GENDER/AGE: Male / 29 Years

DOCTOR:

OPDNO: OSP34368

DATE: 27/07/24

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

GALL BLADDER: Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.0 x 4.1 cms in size.

Left kidney measures about 9.9 x 4.2 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 146 cc.

PROSTATE: Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 16 cc.

COMMENT: Normal sonographic appearance of liver, GB; Pancreas, spleen, kidneys, bladder and prostate.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



LABORATORY REPORT



Name : KAMAL KUMAR SAINI

Sex/Age : Male / 29 Years

Case ID : 40702200919

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 4219356

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 27-Jul-2024 10:04

Sample Type :

Mobile No :

Sample Date and Time : 27-Jul-2024 10:04

Sample Coll. By :

Ref Id1 : OSP34368

Report Date and Time :

Acc. Remarks : Normal

Ref Id2 :

Abnormal Result(s) Summary

| Test Name | Result Value | Unit | Reference Range |
|----------------------------|--------------|----------------|-----------------|
| Haemogram (CBC) | | | |
| RBC (Electrical Impedance) | 5.53 | millions/cu mm | 4.50 - 5.50 |
| MCV (RBC histogram) | 73.2 | fL | 83.00 - 101.00 |
| MCH (Calc) | 23.9 | pg | 27.00 - 32.00 |
| Eosinophil | 7.0 | % | 1.00 - 6.00 |
| Lipid Profile | | | |
| HDL Cholesterol | 33.7 | mg/dL | 48 - 77 |
| Chol/HDL | 5.18 | | 0 - 4.1 |
| LDL Cholesterol | 122.28 | mg/dL | 0.00 - 100.00 |
| Liver Function Test | | | |
| Albumin | 5.05 | gm/dL | 3.4 - 5 |

Abnormal Result(s) Summary End

Note:(LL-Very Low,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

GROUP 110 (S) 00000000

1. The first step in the process of identifying a problem is to define the problem. This involves identifying the symptoms of the problem and determining the scope of the problem. The next step is to identify the causes of the problem. This involves identifying the factors that are contributing to the problem and determining the underlying causes. The final step is to develop a solution. This involves identifying the options available and determining the best course of action.

2. The second step in the process of identifying a problem is to identify the causes of the problem.

3. The third step in the process of identifying a problem is to develop a solution.

4. The fourth step in the process of identifying a problem is to implement the solution.

5. The fifth step in the process of identifying a problem is to evaluate the results.

6. The sixth step in the process of identifying a problem is to identify the causes of the problem.

7. The seventh step in the process of identifying a problem is to develop a solution.

8. The eighth step in the process of identifying a problem is to implement the solution.

9. The ninth step in the process of identifying a problem is to evaluate the results.

10. The tenth step in the process of identifying a problem is to identify the causes of the problem.

11. The eleventh step in the process of identifying a problem is to develop a solution.

12. The twelfth step in the process of identifying a problem is to implement the solution.

13. The thirteenth step in the process of identifying a problem is to evaluate the results.

14. The fourteenth step in the process of identifying a problem is to identify the causes of the problem.

15. The fifteenth step in the process of identifying a problem is to develop a solution.

16. The sixteenth step in the process of identifying a problem is to implement the solution.

17. The seventeenth step in the process of identifying a problem is to evaluate the results.

18. The eighteenth step in the process of identifying a problem is to identify the causes of the problem.

19. The nineteenth step in the process of identifying a problem is to develop a solution.

20. The twentieth step in the process of identifying a problem is to implement the solution.

21. The twenty-first step in the process of identifying a problem is to evaluate the results.

22. The twenty-second step in the process of identifying a problem is to identify the causes of the problem.

23. The twenty-third step in the process of identifying a problem is to develop a solution.

24. The twenty-fourth step in the process of identifying a problem is to implement the solution.

25. The twenty-fifth step in the process of identifying a problem is to evaluate the results.

26. The twenty-sixth step in the process of identifying a problem is to identify the causes of the problem.

27. The twenty-seventh step in the process of identifying a problem is to develop a solution.

28. The twenty-eighth step in the process of identifying a problem is to implement the solution.

29. The twenty-ninth step in the process of identifying a problem is to evaluate the results.

30. The thirtieth step in the process of identifying a problem is to identify the causes of the problem.

31. The thirty-first step in the process of identifying a problem is to develop a solution.

32. The thirty-second step in the process of identifying a problem is to implement the solution.

33. The thirty-third step in the process of identifying a problem is to evaluate the results.

34. The thirty-fourth step in the process of identifying a problem is to identify the causes of the problem.

35. The thirty-fifth step in the process of identifying a problem is to develop a solution.

36. The thirty-sixth step in the process of identifying a problem is to implement the solution.

37. The thirty-seventh step in the process of identifying a problem is to evaluate the results.

38. The thirty-eighth step in the process of identifying a problem is to identify the causes of the problem.

39. The thirty-ninth step in the process of identifying a problem is to develop a solution.

40. The fortieth step in the process of identifying a problem is to implement the solution.



LABORATORY REPORT

Name : **KAMAL KUMAR SAINI**

Ref.By : **HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Male / 29 Years**

Dis. At :

Pt. Loc :

Reg Date and Time : **27-Jul-2024 10:04**

Sample Type : **Whole Blood EDTA**

Sample Date and Time : **27-Jul-2024 10:04**

Sample Coll. By :

Report Date and Time : **27-Jul-2024 10:38**

Acc. Remarks : **Normal**

Case ID : **40702200919**

Pt. ID : **4219356**

Pt. Loc :

Mobile No :

Ref Id1 : **OSP34368**

Ref Id2 :

| TEST | RESULTS | UNIT | BIOLOGICAL REF. INTERVAL | REMARKS |
|------|---------|------|--------------------------|---------|
|------|---------|------|--------------------------|---------|

HAEMOGRAM REPORT

HB AND INDICES

| | | | | |
|----------------------------|--------|---------------|----------------|--|
| Haemoglobin | 13.2 | G% | 13.00 - 17.00 | |
| RBC (Electrical Impedance) | H 5.53 | millions/cumm | 4.50 - 5.50 | |
| PCV(Calc) | 40.48 | % | 40.00 - 50.00 | |
| MCV (RBC histogram) | L 73.2 | fL | 83.00 - 101.00 | |
| MCH (Calc) | L 23.9 | pg | 27.00 - 32.00 | |
| MCHC (Calc) | 32.7 | gm/dL | 31.50 - 34.50 | |
| RDW (RBC histogram) | 13.00 | % | 11.00 - 16.00 | |

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

| | | | | |
|-----------------|----------|-----|--------------------|----------------|
| Total WBC Count | 6720 | /μL | 4000.00 - 10000.00 | |
| Neutrophil | [%] 55.0 | % | 40.00 - 70.00 | [Abs] 3696 /μL |
| Lymphocyte | 33.0 | % | 20.00 - 40.00 | 2216 /μL |
| Eosinophil | H 7.0 | % | 1.00 - 6.00 | 470 /μL |
| Monocytes | 5.0 | % | 2.00 - 10.00 | 336 /μL |
| Basophil | 0.0 | % | 0.00 - 2.00 | 0 /μL |

PLATELET COUNT (Optical)

| | | | |
|-------------------------|--------|-----|-----------------------|
| Platelet Count | 288000 | /μL | 150000.00 - 410000.00 |
| Neut/Lympho Ratio (NLR) | 1.67 | | 0.78 - 3.53 |

SMEAR STUDY

| | |
|----------------|---|
| RBC Morphology | Normocytic Normochromic RBCs. |
| WBC Morphology | Total WBC count within normal limits. Microcytes +. |
| Platelet | Platelets are adequate in number. |
| Parasite | Malarial Parasite not seen on smear. |

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

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GENERAL INFORMATION

1. Name of the organization: [Illegible]

2. Address: [Illegible]

3. Telephone: [Illegible]

4. Date of report: [Illegible]

5. Name of the person reporting: [Illegible]

6. Title of the person reporting: [Illegible]

7. Name of the person being reported: [Illegible]

8. Title of the person being reported: [Illegible]

9. Date of the incident: [Illegible]

10. Location of the incident: [Illegible]

11. Description of the incident: [Illegible]

12. Action taken: [Illegible]

13. Remarks: [Illegible]

14. Signature: [Illegible]

15. Date: [Illegible]



LABORATORY REPORT



Name : KAMAL KUMAR SAINI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 29 Years

Case ID : 40702200919

Dis. At :

Pt. ID : 4219356

Pt. Loc :

Reg Date and Time : 27-Jul-2024 10:04

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 27-Jul-2024 10:04

Sample Coll. By :

Ref Id1 : OSP34368

Report Date and Time : 27-Jul-2024 11:59

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT : BIOLOGICAL REF RANGE : REMARKS

ESR

Westergren Method

04

mm after 1hr 3 - 15

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh , A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006 | 079-40408181 / 61618181 | contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Ferungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099 | www.neubergsupratech.com



LABORATORY REPORT



Name : **KAMAL KUMAR SAINI**

Ref.By : **HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Male / 29 Years**

Case ID : **40702200919**

Dis. At :

Pl. ID : **4219356**

Pl. Loc :

Reg Date and Time : **27-Jul-2024 10:04**

Sample Type : **Whole Blood EDTA**

Mobile No :

Sample Date and Time : **27-Jul-2024 10:04**

Sample Coll. By :

Ref Id1 : **OSP34368**

Acc. Remarks : **Normal**

Ref Id2 :

TEST

RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

HAEMATOLOGY INVESTIGATIONS

BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group)

ABO Type

AB

Rh Type

POSITIVE

Note: (LL-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : KAMAL KUMAR SAINI

Ref By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 29 Years

Dis. At :

Case ID : 40702200919

Pl. ID : 4219356

Pl. Loc :

Reg Date and Time : 27-Jul-2024 10:04

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No :

Sample Date and Time : 27-Jul-2024 10:04

Sample Coll. By :

Ref Id1 : OSP34368

Report Date and Time : 27-Jul-2024 13:07

Acc. Remarks : Normal

Ref Id2 :

REMARKS

TEST RESULTS

UNIT BIOLOGICAL REF RANGE

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

| | | | |
|---|--------|-------|--------------|
| Plasma Glucose - F | 95.17 | mg/dL | 70.0 - 100 |
| Plasma Glucose - PP <small>Photometric, Hexokinase</small> | 106.23 | mg/dL | 70.0 - 140.0 |

Reference range has been changed as per recent guidelines of ISPAD 2018.

<100 mg/dL : Normal level

100-<126 mg/dL: Impaired fasting glucose guidelines

>=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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M.D. (Pathologist)

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LABORATORY REPORT



Name : KAMAL KUMAR SAINI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 29 Years

Dis. At :

Case ID : 40702200919

PL ID : 4219356

Pt. Loc :

Reg Date and Time : 27-Jul-2024 10:04

Sample Date and Time : 27-Jul-2024 10:04

Report Date and Time : 27-Jul-2024 10:52

Sample Type : Whole Blood EDTA

Sample Coll. By :

Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP34368

Ref Id2 :

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|------|---------|------|----------------------|---------|
|------|---------|------|----------------------|---------|

Glycated Haemoglobin Estimation

| | | | | |
|--|--------|-------|---|--|
| HbA1C | 5.38 | | % of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes | |
| Estimated Avg Glucose (3 Mths) Calculated | 107.71 | mg/dL | Not available | |

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control. Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia. Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients. Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA. In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine. The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note (LL-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)


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LABORATORY REPORT

Name : KAMAL KUMAR SAINI

Ref By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 29 Years

Dis. At :

Case ID : 40702200919

Pt. ID : 4219356

Pt. Loc :

Reg Date and Time : 27-Jul-2024 10:04

Sample Type : Serum

Sample Date and Time : 27-Jul-2024 10:04

Sample Coll. By :

Mobile No :

Report Date and Time : 27-Jul-2024 12:00

Acc. Remarks : Normal

Ref Id1 : OSP34368

Ref Id2 :

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|------|---------|------|----------------------|---------|
|------|---------|------|----------------------|---------|

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

| | | | | |
|---|----------|-------|---------------|--|
| Cholesterol Colorimetric, CHOD-POD | 174.71 | mg/dL | 110 - 200 | |
| HDL Cholesterol | L 33.7 | mg/dL | 48 - 77 | |
| Triglyceride Glycerol Phosphate Oxidase | 93.65 | mg/dL | <150 | |
| VLDL Calculated | 18.73 | mg/dL | 10 - 40 | |
| Chol/HDL Calculated | H 5.18 | | 0 - 4.1 | |
| LDL Cholesterol Calculated | H 122.28 | mg/dL | 0.00 - 100.00 | |

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

| LDL CHOLESTEROL | CHOLESTEROL | HDL CHOLESTEROL | TRIGLYCERIDES |
|----------------------|---------------------|-----------------|---------------------|
| Optimal <100 | Desirable <200 | Low <40 | Normal <150 |
| Near Optimal 100-129 | Border Line 200-239 | High >60 | Border High 150-199 |
| Borderline 130-159 | High >340 | | High 200-499 |
| High 160-199 | | | |

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

Note (L-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)



Dr. Shreya Shah

M.D. (Pathologist)

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Printed On : 27-Jul-2024 13:18





LABORATORY REPORT



Name : KAMAL KUMAR SAINI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 29 Years

Dis. At :

Case ID : 40702200919

Pl. ID : 4219356

Pl. Loc. :

Reg Date and Time : 27-Jul-2024 10:04 Sample Type : Serum

Sample Date and Time : 27-Jul-2024 10:04 Sample Coll. By :

Mobile No. :

Report Date and Time : 27-Jul-2024 12:00 Acc. Remarks : Normal

Ref Id1 : OSP34368

Ref Id2 :

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|------|---------|------|----------------------|---------|
|------|---------|------|----------------------|---------|

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

| | | | | |
|---|--------|-------|-------------|--|
| S.G.P.T. <i>UV with PSp</i> | 35.31 | U/L | 16 - 63 | |
| S.G.O.T. <i>UV with PSp</i> | 28.81 | U/L | 15 - 37 | |
| Alkaline Phosphatase <i>Enzymatic, PVPP-AMP</i> | 108.51 | U/L | 46 - 116 | |
| Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i> | 18.72 | U/L | 0 - 55 | |
| Proteins (Total) <i>Colorimetric, Biuret</i> | 8.23 | gm/dL | 6.40 - 8.30 | |
| Albumin <i>Bromocresol purple</i> | 5.05 | gm/dL | 3.4 - 5 | |
| Globulin <i>Calculated</i> | 3.18 | gm/dL | 2 - 4.1 | |
| A/G Ratio <i>Calculated</i> | 1.59 | | 1.0 - 2.1 | |
| Bilirubin Total <i>Photometry</i> | 0.84 | mg/dL | 0.3 - 1.2 | |
| Bilirubin Conjugated <i>Diazotization reaction</i> | 0.27 | mg/dL | 0 - 0.50 | |
| Bilirubin Unconjugated <i>Calculated</i> | 0.57 | mg/dL | 0 - 0.8 | |

Notes: (L.-VeryLow, L.-Low, H.-High, HH.-VeryHigh, A.-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

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Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,
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Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
www.neubergsupratech.com

OFFICE OF THE SECRETARY OF DEFENSE, WASHINGTON, D.C. 20301-6000

MEMORANDUM FOR THE SECRETARY OF DEFENSE
SUBJECT: [Illegible]

DATE: [Illegible]

[Illegible text block]

[Illegible text block]

[Illegible text block]

[Illegible text block]

[Illegible text block]

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FORM NO. 64 (REV. 10-66)



LABORATORY REPORT



Name : KAMAL KUMAR SAINI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 29 Years

Dis. At :

Case ID : 40702200919

Pl. ID : 4219356

Pl. Loc :

Reg Date and Time : 27-Jul-2024 10:04

Sample Date and Time : 27-Jul-2024 10:04

Report Date and Time : 27-Jul-2024 12:00

Sample Type : Serum

Sample Coll. By :

Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP34368

Ref Id2 :

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|--|---------|-------|----------------------|---------|
| BUN (Blood Urea Nitrogen) <small>GLDH</small> | 9.3 | mg/dL | 8.90 - 20.60 | |
| Uric Acid <small>Uricase</small> | 7.12 | mg/dL | 3.5 - 7.2 | |
| Creatinine | 0.66 | mg/dL | 0.50 - 1.50 | |

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

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STATEMENT OF WORK

The purpose of this Statement of Work is to define the scope, objectives, and deliverables of the project. This document serves as a contract between the client and the contractor, outlining the specific tasks to be performed and the expected outcomes.

1. Project Overview

The project aims to develop a comprehensive system for managing and analyzing data. The primary goal is to enhance the efficiency and accuracy of data processing and reporting.

The project will involve the following key components: data collection, data storage, data processing, and data analysis. The system will be designed to handle large volumes of data and provide real-time insights.

The project is expected to be completed within a timeline of 12 weeks.

The project manager will be responsible for overseeing the project and ensuring that all deliverables are met on time and within budget. Regular communication and reporting will be required throughout the project.

The project budget is estimated to be \$100,000. The contractor will provide a detailed cost breakdown and a schedule of payments.

The project will be subject to the terms and conditions of the contract and any applicable laws and regulations.

2. Scope of Work

The scope of work includes the following tasks:

1. Data Collection

2. Data Storage

3. Data Processing

4. Data Analysis

5. Reporting

6. System Integration

7. User Training

8. Project Management

9. Documentation

10. Support

11. Testing

12. Deployment

13. Maintenance

14. Security

15. Compliance

16. Scalability

17. Performance

18. Reliability

19. Availability

20. Flexibility

The contractor will be responsible for the design, development, testing, and deployment of the system.

The contractor will also be responsible for providing training and support to the end users.

The contractor will be responsible for ensuring that the system meets all the requirements and specifications.

The contractor will be responsible for maintaining the system and providing ongoing support.

The contractor will be responsible for ensuring that the system is secure and compliant with all applicable laws and regulations.

The contractor will be responsible for ensuring that the system is scalable and can handle future growth.

The contractor will be responsible for ensuring that the system is reliable and available at all times.

The contractor will be responsible for ensuring that the system is flexible and can adapt to changing requirements.

The contractor will be responsible for ensuring that the system is performant and meets all the performance requirements.

The contractor will be responsible for ensuring that the system is supported and has a clear path for future development.



LABORATORY REPORT



Name : KAMAL KUMAR SAINI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 29 Years

Case ID : 40702200919

Dis. At :

PL ID : 4219356

Pl. Loc. :

Reg Date and Time : 27-Jul-2024 10:04

Sample Type : Serum

Mobile No. :

Sample Date and Time : 27-Jul-2024 10:04

Sample Coll. By :

Ref Id1 : OSP34368

Report Date and Time : 27-Jul-2024 11:14

Acc. Remarks : Normal

Ref Id2 :

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|------|---------|------|----------------------|---------|
|------|---------|------|----------------------|---------|

Thyroid Function Test

| | | | | |
|-------------------------|--------|--------|--------------|--|
| Triiodothyronine (T3) | 132.08 | ng/dL | 70 - 204 | |
| Thyroxine (T4) CMI/A | 9.95 | ng/dL | 4.87 - 11.72 | |
| TSH CMI/A | 1.75 | µIU/mL | 0.4 - 4.2 | |

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT

Name : **KAMAL KUMAR SAINI**

Ref By : **HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Male / 29 Years**

Dis. At :

Case ID : **40702200919**

Pt. ID : **4219356**

Pt. Loc :

Reg Date and Time : **27-Jul-2024 10:04**

Sample Type : **Serum**

Mobile No :

Sample Date and Time : **27-Jul-2024 10:04**

Sample Coll. By :

Ref Id1 : **OSP34368**

Report Date and Time : **27-Jul-2024 11:14**

Acc. Remarks : **Normal**

Ref Id2 :

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hypothyroid patients, hypothyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy

First trimester

Second trimester

Third trimester

Reference range (microIU/ml)

0.24 - 2.00

0.43-2.3

0.8-2.5

| | T3 | T4 | TSH |
|----------------------------|----|-----|-----|
| Normal Thyroid function | N | N | N |
| Primary Hypothyroidism | ↑ | ↑ | ↓ |
| Secondary Hypothyroidism | ↑ | ↑ | ↑ |
| Grave's Thyroiditis | ↑ | ↑ | ↑ |
| T3 Thyrotoxicosis | ↑ | N | N/↓ |
| Primary Hypothyroidism | ↓ | ↓ | ↑ |
| Secondary Hypothyroidism | ↓ | ↓ | ↓ |
| Subclinical Hypothyroidism | N | N | ↑ |
| Patient on treatment | N | N/↑ | ↓ |

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : KAMAL KUMAR SAINI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 29 Years

Dis. At :

Case ID : 40702200919

Pt. ID : 4219356

Pt. Loc :

Reg Date and Time : 27-Jul-2024 10:04 Sample Type : Spot Urine

Sample Date and Time : 27-Jul-2024 10:04 Sample Coll. By :

Mobile No :

Ref Id1 : OSP34368

Report Date and Time : 27-Jul-2024 10:41 Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : Pale yellow

Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity : 1.025

1.003 - 1.035

pH : 7.0

4.6 - 8

Leucocytes (ESTERASE)

Negative

Negative

Protein

Negative

Negative

Glucose

Negative

Negative

Ketone Bodies Urine

Negative

Negative

Urobilinogen

Negative

Negative

Bilirubin

Negative

Negative

Blood

Negative

Negative

Nitrite

Negative

Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte

Nil

Nil

Red Blood Cell

Nil

Nil

Epithelial Cell

Present +

Present(+)

Bacteria

Nil

Nil

Yeast

Nil

Nil

Cast

Nil

Nil

Crystals

Nil

Nil

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT

Name : KAMAL KUMAR SAINI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 29 Years

Dis. At :

Case ID : 40702200919

PL ID : 4219356

PL Loc :

Reg Date and Time : 27-Jul-2024 10:04 Sample Type : Spot Urine

Sample Date and Time : 27-Jul-2024 10:04 Sample Coll. By :

Mobile No :

Ref Id1 : OSP34368

Acc. Remarks : Normal

Ref Id2 :

| Parameter | Unit | Expected value | Trace | + | ++ | +++ | ++++ |
|--------------|-------|----------------|-------|----|-----|-----|------|
| pH | - | 4.6-8.0 | | | | | |
| SG | - | 1.003-1.035 | | | | | |
| Protein | mg/dL | Negative (<10) | 10 | 25 | 75 | 150 | 500 |
| Glucose | mg/dL | Negative (<30) | 30 | 50 | 100 | 300 | 1000 |
| Bilirubin | mg/dL | Negative (0.2) | 0.2 | 1 | 3 | 6 | - |
| Ketone | mg/dL | Negative (<5) | 5 | 15 | 50 | 150 | - |
| Urobilinogen | mg/dL | Negative (<1) | 1 | 4 | 8 | 12 | - |

| Parameter | Unit | Expected value | Trace | + | ++ | +++ | ++++ |
|------------------------------|----------|----------------|-------|----|-----|-----|------|
| Leukocytes (Strip) | /micro L | Negative (<10) | 10 | 25 | 100 | 500 | - |
| Nitrite(Strip) | - | Negative | - | - | - | - | - |
| Erythrocytes(Strip) | /micro L | Negative (<5) | 10 | 25 | 50 | 150 | 250 |
| Pus cells (Microscopic) | /hpf | <5 | - | - | - | - | - |
| Red blood cells(Microscopic) | /hpf | <2 | - | - | - | - | - |
| Cast (Microscopic) | /lpf | <2 | - | - | - | - | - |

----- End Of Report -----

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)



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ID: kamalkumar

27.07.2024 11:31:54 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

Location: 1
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

84 bpm
-/- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 96 ms
QT / QTcBaz : 350 / 413 ms
PR : 162 ms
P : 110 ms
RR / PP : 710 / 714 ms
P / QRS / T : 74 / 77 / 60 degrees

Normal sinus rhythm
Normal ECG

